



THE MUNICIPAL COURT OF ATLANTA
PARKING DISPUTE FORM

(Please print legibly when completing this form and e-mail to MCParking@atlantaga.gov)

Date: _____ Parking Ticket Number: _____
Name: _____ Date of Violation: _____
Address: _____
City: _____ State: _____ Zip: _____

SELECT ONE ONLY

☐ I wish to dispute this parking ticket in writing and **not** appear in court. I understand I have the right to trial on this case and to have the witnesses, including the officer who wrote the ticket present. **I am waiving that right and wish to proceed by contesting this ticket in writing.** I understand that I may be fined and will agree to pay that fine according to the policies of the Municipal Court of Atlanta. I hereby attest that the below statement is true and correct. I also understand the penalty for providing incorrect, false or misleading statements may lead to criminal prosecution.

(Signature) (Date)

☐ I wish to appear in court on this case and to have the witnesses, including the officer who wrote the ticket present. I hereby attest that the below statement is true and correct. I also understand the penalty for providing incorrect, false or misleading statements may lead to criminal prosecution.

(Signature) (Date)

Affidavit (describe why you believe you should not have been ticketed). Be specific and print legibly to ensure your form can be processed in a timely manner.

***PLEASE NOTE: YOU MUST INCLUDE A COPY OF THE PARKING TICKET IN ORDER
FOR THIS REQUEST TO BE PROPERLY PROCESSED. THANK YOU.***

THE LENWOOD A. JACKSON SR. JUSTICE CENTER
150 Garnett St., S.W. Atlanta, GA, 30303-3612
888-266-1360
MCParking@atlantaga.gov